

Department of Health Services Toxic Substances Control Division Sacramento, California

rlease print or type. (Form designed for use on elite (12-pitch) typewriter.) 1. Generator's US EPA ID No. Manifest Information in the shaded areas 2. Page 1 UNIFORM HAZARDOUS Document No is not required by Federal of 🦅 WASTE MANIFEST 0086510 Generator's Name and Mailing Address A.State Manifest Document Number Douglas Aircraft Company 8492432 190th & Normandie Ave. Torrance, CA 90502 B.State Generator's ID 4. Generator's Phone (213) 533-6677 5. Transporter 1 Company Name 6. US EPA ID Number C.State Transporter's ID D.Transporter's Phone 213 268-3137 D 0 5 8 0 1 8 3 J.C.Liquid Was te Dispos al 7. Transporter 2 Company Name US EPA ID Number E.State Transporter's ID F.Transporter's Phone G.State Facility's ID 9. Designated Facility Name and Site Address US EPA ID Number Casmalia Cadaba DE P.O.Box E. NTU Road H.Facility's Phone Cas malia, CA 9 3429 IC A D O. 2.0 7.4 8 1 2 5. 12.Containers 13. 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Unit Total Waste No. No. Type Quantity Nt/Vo a. Waste Alkaline liquid N.O.S corrosive NA 1719 000 4500 TT 6 123 AXX b. 0 R C. d. Additional Descriptions for Materials Listed Above K.Handling Codes for Wastes Listed Above Solid * 9.0% Magnes ium Hydroxide Water 91.0%Silicon Oxide 221 K *Chromic Hydroxide 25.0% Calcium Hrdroxide 7.0% Aluninum Hydroxide 5.0% 15. Special Handling Instructions and Additional Information Guide No €0 Use gloves, goggles, respirator, May couse sever irritation to skin and eyes. 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. Date Printed/Typed Name Month Day Signature Year 17. Transporter 1 Acknowledgement of Receipt of Materials Date Month Day Year Printed/Typed Name Signature C-FDEIGNEZ 18. Transporter 2 Acknowledgement of Receipt of Materials Date Printed/Typed Name Signature Month Day Year ER 19. Discrepancy Indication Space **G**SMMAS2 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Date Signature Month Day Year Printed/Typed Name,

C6-700-86-JC1-02-23

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Chroma Destruct System

	190 th & Normandie Ave. Torrance, CA 90502 4. Generator's Phone (213) 533-6677			B.Sta	ite Genera	ator's I	D		
1 1 1	5. Transporter 1 Company Name 6. US EPA ID Number				te Transp	orter's	ID 🎉	111	-)
i,	7. Transporter 2 Company Name 8.	5 8 0 · 1 · 8 US EPA ID Num		D.Tra E.Sta	nsporter's te Transp nsporter's	Phon orter's	e 213 ID	268-3	111
П	Designated Facility Name and Site Address 10. US EPA ID Number Cas malia				te Facility	y's ID			
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DHS 8022 A (11/84) (EPA 8700-22)

YELLOW GENERATOR RETAINS